

**PUBLIC HEALTH AND
SOCIAL SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
2000 Lakeridge Drive SW
Olympia, WA 98502-6045
(360) 867-2644 TDD 711 or 800-833-6388**



**REQUEST FOR APPEAL TO THE
THURSTON COUNTY BOARD OF HEALTH**

This Application is a request for appeal of an Administrative Hearing Decision. This appeal is scheduled before the Board of Health and **requires a \$1,075.00 non-refundable fee.** The appeal must be filed within 15 days of the date of the Administrative Hearings Officer decision and a hearing before the Board of Health will be held within 50 days of the date the appeal was filed. All documents will be filed with the Hearing Clerk, please contact the clerk at 360-867-2644.

DATE: _____

Party of Record Information:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Appeals to the Board of Health are closed record hearings. **The appeal application, memorandum, and other materials shall not include any new evidence and shall be based only upon facts presented to the hearing officer.**

The following information must be submitted for appeals before the Board of Health:

- Complete Application
- Appeal fee of \$1,075.00 (non-refundable)

State how the appellant is aggrieved and has standing to appeal:

----- Continued On the Reverse Side -----

Concisely state the issues being appealed, stating the specific exceptions and objections to the hearing officer's decision being appealed. Reference the provisions of the hearing officer's decision which are being appealed, citing the specific section(s), paragraph(s) and page(s):

State the specific relief requested:

If you wish to submit a written memorandum for consideration by the Board of Health, it must be submitted along with this application.

Signature: _____ Date: _____

Receipt Date: _____ Fee Paid: _____ Receipt Number: _____ By: _____